

Attorney Docket No. 4394.214

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Svendsen et al.

Application No.: 09/325,603

Group Art Unit: 1652

Filed: June 3, 1999

Examiner: E. Slobodyansky

For: Alpha-amylases

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Commissioner for Patents

Box RCE

Washington, DC 20231

Sir:

This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above identified application.

**1. Submission required under 37 C.F. R. § 1.114****a. ☐ Previously submitted**

- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on
- ii. ☐ Consider the arguments in the Appeal Brief of Reply Brief previously filed on
- iii. ☐ Other

**b. ☒ Enclosed**

- i. ☐ Amendment / Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☒ Other-Response to Advisory Action

**2. Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103 (c) for a period of \_\_\_\_\_ months. (period of suspension shall not exceed 3 months, Fee under 37 C.F.R. § 1.17 (i) required)

b. ☐ Other

**3. Fees**

- a. The application is on behalf of:
  - ☐ a small entity (\$355)
  - ☒ a large entity (\$710.00)

b. Fees for additional claims is shown below:

☐ Total: [6]-[20 or higher number previously paid for] = [0] x ☐ 18 (large entity) or x ☐ 9 (small entity) = \$0  
Independent: [3]- [3 or higher number previously paid for] = 0 x ☐ 80 (large entity) or x ☐ 40 small entity = \$0

☒ No additional claims fees are required

c. Extension of Time

☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☒ 5 months

d. Total Fees due:

Continued Prosecution Fee (§1.17 (e))	\$710
Fee(s) for additional claims if any (§1.16(b)-(d))	\$0
Extension of Time fee (if any) (§1.17(a)(1)-(4))	\$1,960
Total Fee Due	\$2,670

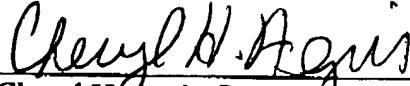
8. Please pay the fee(s) for this request for continued examination as follows:

<input type="checkbox"/> Check is attached for the sum of	\$
<input checked="" type="checkbox"/> Charge Deposit Account No. 659-3561 the sum of	\$2,670
<input type="checkbox"/> Charge Credit Card the sum of	\$
(Credit Card Payment Form (PTO-2038) attached)	

Respectfully submitted,

Date:

9/28/01

  
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